

Abscess of the Liver.—Dr. C. C. LEE presented a specimen of this disease, with the following history:—

Chas. Myers, a German seaman, æt. 33, was admitted to the Penna. Hospital Sept. 14, 1861. He had made several voyages to South America and the East Indies, and escaped illness, although nearly all the crew were ill; during the last year, however, he had not been to sea, but had worked at ship-rigging along the wharves. Six months before admission to the hospital, he had been attacked with dysentery, which never entirely subsided; he had also occasional chills, followed by fever, but never exhibiting any regular periodicity. About the 1st of August, his feet became œdematos, and the anasarca gradually ascended, but was always greatest in the right leg. Two weeks later the abdomen swelled, simultaneously with which the patient had severe pain in the back, and difficult micturition. On admission he had orthopnoea, and constantly complained of pain in the epigastrium, extending into both hypochondriac regions. He had lost flesh since the beginning of the attack, and had incessant diarrhoea (never passing blood, according to his repeated assertion), but no vomiting. His urine was not albuminous, but showed dense deposit of phosphates with a few amorphous urates. He lingéred in great debility for ten days, and died on the 23d September.

At an *autopsy* made seventeen hours after death, very little rigor mortis was found; upper extremities greatly emaciated, lower œdematos. Heart and lungs healthy. In the pericardium about $\frac{3}{4}$ of serum were found; nearly a pint in left pleural cavity, and about three quarts in the abdomen.

The *liver* was enormously enlarged, and bound to the diaphragm by recent adhesions; while raising it in *situ*, the posterior wall of the right lobe was perforated by the finger, when the immediate escape of a large quantity of thin greenish pus showed the existence of an abscess; in fact, the whole right lobe was excavated into one enormous abscess, which contained $2\frac{1}{2}$ quarts of pus.

The stomach and other abdominal organs were healthy except the colon, the entire mucous surface of which was ulcerated to a marked degree. This explained the dysenteric symptoms, and was probably the cause of the hepatic abscess; in Dr. Budd's work on the Liver, as well as in that by Mr. Annesley, on the Diseases of India, numerous similar cases are given.

The whole length of the right iliac vein was found completely ensheathed by enlarged lymphatic glands, compressing its contents, and explaining the greater œdema observed in the right lower extremity.

Cancer of Æsophagus and Trachea.—Dr. LEE exhibited also a diseased œsophagus and trachea, with the following history:—

Margaret H., aged 55, was admitted to the medical ward of the Penna. Hospital, July 3, 1861. For several months she had experienced occasional attacks of dysphagia, but these were so rare that at first she paid little attention to the subject. About one month before her admission, however, this difficulty suddenly became greatly increased, and was attended by slight sore throat. In a few days a little dyspnoea also appeared, chiefly during and after eating. She consulted a physician, who detected no mechanical impediment in the throat, and treated her for laryngitis, but as she obtained no relief, she became alarmed and applied for admission to the hospital. When first examined, a firm resisting mass was distinctly felt, lying across and apparently embracing the trachea about $\frac{1}{2}$ inch below the thyroid gland; it was very deep-seated, with ill-defined edges, but immovable.

Internally, no redness or swelling could be observed, even with the laryngoscope, but a stomach tube, when passed down the oesophagus, encountered an obstruction exactly corresponding with the external swelling. There was no enlargement of the axillary glands, but in the right mamma there existed a small, firm, movable tumour about the size of a split pea. The case was diagnosed as "constriction of the oesophagus," probably malignant, and was treated by mechanical dilatation and tonics; but the inability to swallow solid food and the dyspnoea gradually increased, and the patient died of suffocation, August 22, 1861.

An *autopsy*, made at the patient's house sixteen hours after death, revealed well-marked cancerous degeneration of the deep-seated glands of the neck, and a large scirrhouss mass on the left of the trachea, just below the thyroid gland. This had apparently sprung from the wall of the oesophagus, into which it had ulcerated; its interior was filled with sanguous cavities, communicating here and there with the trachea, exactly as described by Rokitansky, who says (vol. ii. p. 11), "cancerous degeneration generally affects the circumference of the oesophagus, and thus gives rise to annular stricture, the extent of which must correspond to the extent of the carcinomatous deposit . . . The metamorphosis of the morbid product frequently gives rise to large sanguous cavities, the carcinomatous parieties of which are covered with fungoid granulations, and with which the trachea communicates above and below in a transverse or slanting direction." At two points in this case the cancer had ulcerated into the trachea, nearly closing it. Under the microscope, a section showed well-defined filiform and multiform cells; there were very few caudate, and no epithelial cells, the condensed nature of the tumour causing the multiform variety to predominate. Some of the large lymphatic glands in the vicinity were similarly affected, but all the glands of the mediastinum and the heart and lungs were healthy. No other lesions were detected.

Oct. 9. Single Kidney.—Dr. PACKARD exhibited a specimen of this abnormality, removed by him from the body of a patient who had died in the Military Hospital, of enteric fever. Nothing remarkable was observed in any other organ.

The left kidney, ureter, and supra-renal capsule were wholly wanting. On the right side, the kidney was at least twice the usual size, and the capsule rather larger than common. The former organ was somewhat rounded, and its hilus only slightly depressed.

The urinary bladder was perfectly symmetrical, but not the slightest trace of a ureter existed on the left side.

A somewhat similar instance is on record in the *Transactions of the Boston Society for Medical Improvement*, vol. iv. p. 11. It was observed by Dr. Thayer, of Keene, N. H., but differed from the present case in that a capsule existed, although there was no trace of the left kidney.

Cirrhosis of Liver; Hemorrhage from an Ulcer in the Oesophagus.—Dr. PACKARD also gave an account of an autopsy made by him a few days since, which presented features of marked analogy with a case reported to the society by Dr. Kane, in February last.

Dr. Kane's case was that of an Irishman *æt.* about 55, an old drinker; the subject of the present account was a lady *æt.* 73, of very abstemious habits. In the latter case, as in the former, ascites, haematemesis, melæna, and exhaustion were the chief *ante-mortem* phenomena.

An *autopsy* showed an immense deposit of subcutaneous fat, cirrhosis